

R E P O R T R E S U M E S

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A TEACHER'S HANDBOOK OF RESOURCES FOR THE TEACHING OF HEALTH
K-6.

BY- DAY, MYRTLE V.

NEBRASKA STATE DEPT. OF EDUCATION, LINCOLN

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GRADES, KINDERGARTEN, MENTAL HEALTH, RESOURCE MATERIALS,
SAFETY, SCIENCE UNITS, NEBRASKA,

PROVIDED ARE 11 RESOURCE UNITS FOR USE IN HEALTH
EDUCATION FOR GRADES K-6. PROVIDED FOR EACH UNIT ARE (1) AN
OVERVIEW, (2) A LISTING OF MAJOR CONCEPTS, (3) SUGGESTED
ACTIVITIES, (4) ITEMS FOR USE IN EVALUATION, (5) SOURCES OF
MATERIALS, (6) TEACHER AND/OR STUDENT REFERENCES, AND (7)
FILM LISTS ALSO PROVIDED ARE (1) A PARTIAL LIST OF SOURCES
FOR FILMS AND FILMSTRIPS, (2) ADDRESSES OF AGENCIES WHERE
RESOURCE MATERIALS MAY BE OBTAINED, AND (4) A PARTIAL LIST OF
PUBLISHERS. (DS)

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**A TEACHER'S
HANDBOOK OF**

**RESOURCES
for the
TEACHING
OF
HEALTH
K - 6**

State of Nebraska

DEPARTMENT OF EDUCATION

Floyd A. Miller, Commissioner

State Capitol, Lincoln, Nebraska 68509

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TEACHER'S HANDBOOK
of
RESOURCES
FOR THE TEACHING OF
HEALTH
(K-6)

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Nebraska State Medical Association

* * * *

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* * * *

State Capitol

1966

Lincoln, Nebraska

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FOREWORD

Early response to questions asking for suggestions in the area of curriculum development indicated that a publication in health was urgently needed by teachers of the State. County Superintendents generally gave such a publication the very highest priority.

We have been fortunate to procure the services of Mrs. Myrtle Day in the State Department of Health to assemble information for the teaching of health in our schools. Because of the short period of time allowed, it was not possible to contact all of the agencies, school systems, teachers and other persons with interests in specific aspects of health in regard to making a contribution to this important area of education.

We are hopeful that all of you who have a concern for improvement in the teaching of health in our schools will indicate that fact to the Department of Education so that work can begin at once on the development of a curriculum guide for the teaching of health at the elementary and secondary levels. We trust that this publication which is intended primarily as a framework and partial list of resources available to the teaching of health will provide the foundation and motivation for the "in depth" work in health education which is long overdue.

We wish to recognize the initial steps taken and the continued efforts anticipated of the Nebraska State Medical Association Committee on Health Education in cooperation with the Department of Education to produce a health guide for schools.

Floyd A. Miller
Commissioner of Education

PREFACE

Since the health of a nation and of a community is the sum total of the health of individuals, it behooves each member of our society to be cognizant of the fact that it is our duty to remain as well as possible.

The discomfort and economic loss engendered by delayed diagnosis and care are well known, but too many of us have not learned to make our health practices routine.

The notion that "it can't happen to me" is still too prevalent as evidenced by the rate of accidents and preventable diseases.

Although science has made enormous strides, the time lag between that knowledge and its use by the public is still too great.

Where, but in the school environment, can health information be disseminated more quickly and with more lasting benefits!

We are happy for this opportunity to combine efforts with the Department of Education in promoting better health for citizens of Nebraska.

E. A. Rogers, M.D., M.P.H.,
Director,
State Department of Health

ACKNOWLEDGMENTS

Individuals who contributed to the preparation of this handbook:

Mr. Dee R. Hickman, Assistant County Superintendent of Schools, Lancaster County, for preparation of the unit "How Food Becomes Us."

Miss Joanna Nelle, Coordinator of Mental Health Education, Community Services Division, Nebraska Psychiatric Institute, Omaha, for the Mental Health Units.

The Nebraska Dental Association was represented by the following councils in the preparation of the Dental Health Units:

Council on Dental Health Education

Council on Fluoridation

Council on Public Relations.

County Superintendents of Schools, too numerous to mention, volunteered suggestions regarding areas to be covered in this publication.

PHILOSOPHY OF HEALTH EDUCATION

Education for sound health has long been recognized as a major obligation of the school. Moreover, the teacher has been long recognized as legally and professionally responsible for the health care and health education of the student in his classroom. Teachers are, in fact, considered by law to be ex officio health officers in the school with all the appertaining responsibilities. For these crucial reasons it follows that teachers should be properly informed and oriented in order that they may fulfill their legal and professional responsibilities to the children and youth and the community they serve.

The needs for providing the child and the adolescent with sound health care and education are at least fourfold. The first goal is that of helping each student acquire the information, attitudes and skills necessary to sound personal development. Among the elements to be included are those concerned with personal health—protection against disease and injury, sound nutritional practices and positive mental and physical posture.

The second goal or objective is the development of social competence and satisfactory human relationships. To fulfill this goal, a health program should promote in each student the knowledges, skills and attitudes associated with such factors as sex relationships and desirable social group involvement. More specifically these would include proper sex knowledge, proper attitudes towards the opposite sex, proper knowledge and understanding involved with the use of habit-forming drugs and of alcoholic beverages, personal appearance and cleanliness.

The third goal is that of economic efficiency. Associated with this objective is the development of the knowledge and the attitudes related to health as a factor in occupational endeavors. Study should also be given to personal and family expense for health care, and for recovery from illness and injury. Included also would be the study of such matters as health insurance, and the financial and emotional drains caused by sickness and injury.

The fourth goal is the development of civic responsibility. In line with this objective is the inculcation of knowledge and attitudes related to public health promotion. Included as well would be the study and support of appropriate public health and safety laws and measures by the local community, the state and the nation.

F. H. Gorman
Dean, College of Teacher Education
University of Omaha

INTRODUCTION

The primary purpose of this Teacher's Handbook of Resources for the Teaching of Health is just what the name implies. We trust that it will prove to be a challenging framework for the program you put into operation.

The loose-leaf arrangement was specifically planned for a three-ring notebook which will allow you to insert pages listing other resources, together with notes concerning projects that have brought desired results for you. Your supplements may some day be incorporated into an expanded Teacher's Guide. This first edition is published in the hope that it will supply information regarding available resource material that may be used with your basic textbooks, periodicals, and other current literature. It is not a treatise on pedagogy, nor is it a course of study.

A course in health education should be designed to help individuals to live wisely and well; to learn to enjoy life to the fullest measure of which they are capable; to learn to get along with their fellow man for the good of all concerned; and to make wholesome choices.

How do we learn? There are many answers, most of which can be summed up in four words: WE LEARN BY DOING. This fact stems from experiences within all of the environments of life. By precept and example and by the provision of meaningful learning experiences, the teacher can influence the student to apply his knowledge to everyday healthful living. The units which you choose to teach and the methods of presentation are to be determined by your own administration and the needs of the local community. The choice of textbooks and references is the prerogative of personnel in individual school systems.

The teacher should bear in mind the general objectives of the school health program: control of communicable disease, the correction of remediable defects, the promotion of hygiene and sanitation, instruction in the principles of healthful living, the follow-up of health inspections, and the development of the qualities of kindness, consideration, honesty, thoughtfulness, promptness, helpfulness, and a sense of fair play.

PURPOSES OF HEALTH INSTRUCTION

To help children to learn how to care for their bodies and to control the environment in order to minimize the spread of disease and the number of accidents.

To help children to understand that nature provides a pattern of rhythms—work and rest follow each other as evidenced by the work of the heart and the lungs as well as other sets of muscles.

To provide some knowledge of the interrelationships of the various organs and systems of the body.

To supply experiences which benefit the children at the moment and demonstrate to them the need of daily repetition throughout life.

To show the need for outdoor exercise which promotes deep breathing, firm muscles, increased circulation of the blood, growth and normal body functioning.

To help children and their parents realize the need for regular checkups in order to make sure that the body "machinery" is working properly.

To emphasize that re-creating the body, mind, and spirit is one of the most important activities of mankind; "all work and no play . . ." and the opposite "all play and no work . . ." are true expressions when applied to mental, physical, and social health.

To stress the fact that body tissues need a chance to recuperate and that this is best done when the body is at rest or asleep.

UNIT I

GROWTH AND DEVELOPMENT

Lower Elementary Grades

Overview

The welfare and happiness of every pupil, every day is directly related to his general health. In order to enjoy optimum health, each individual should know something about his body—how various organs help him to become acquainted with the interesting world in which he lives. He needs to know how to care for himself, how to avoid disease and accidents; how to develop his potentials. He needs to have answers to his countless “whys.”

Your basic text is invaluable in presenting the many facets of healthful living. The **Guide for School Health Inspection**, a joint publication of the State Departments of Health and Education, provides an opportunity for the teacher to discuss with the pupils the need for regular medical and dental examinations. The purpose of the screening test is to locate those children who are in need of follow-up examination. It also provides motivation for health education.

Films (16mm. only) have been listed for each area of study. Three sources are indicated by code: NDA—Nebraska Dental Association; SDH—State Department of Health; UN—University of Nebraska.

In most instances, the county superintendent's office is a good source of supplies, such as filmstrips, models, charts, and disc records with interesting games and exercises. There are several good series of filmstrips on the market, such as **Health Adventure**, **Health and Growth**, **Community Health**, **Introductory Physiology**, **Good Health**, **Primary Health**, and **Junior Safety**.

Part A

CHARACTERISTICS

Grade I

- A. Is noisy, constantly active; fatigues easily
- B. Has short attention span
- C. Exhibits uneven physical growth; girls more mature than boys
- D. Has rapid heart growth
- E. Possesses small lung capacity; gets out of breath easily
- F. Tends to be far-sighted—not ready for continuous close work
- G. Likes to work with hands; uses large muscles
- H. Has difficulty in making decisions
- I. Finds it hard to believe that other people are important also and that they need to have their turns at being “first”
- J. Needs praise and approval; likes responsibility
- K. Is able to create artful representation of ideas
- L. Has established “handedness”; does not change

Grade II

- A. Has had most of the communicable diseases or has been immunized against them
- B. Is beginning to calm down
- C. Can concentrate for greater lengths of time
- D. Likes repetitive games and work
- E. Likes constructing things

- F. Is strengthening smaller muscles; is getting better coordination of the large muscles
- G. Exhibits improvement of abstract and critical thinking
- H. Reads independently; uses an enlarged vocabulary
- I. Is more cooperative with age-mates than he was last year
- J. Strives for perfection
- K. Needs and gives warm affection—teacher is still high in his estimation even though “she, like his parents, is a bit unfair at times”
- L. Is cutting close attachment at home
- M. Assumes responsibility well

Grade III

- A. Is developing further in all areas outlined in Grade II
- B. Is enthusiastic over most suggestions of endeavor
- C. Has developed better eye-hand coordination than he had last year
- D. Focuses eyes on near and far objects with greater comfort
- E. Is developing longer legs; seems accident-prone as legs become more difficult to manage
- F. Is enjoying general good health
- G. Is doing quite well in separating fact from fiction
- H. Delights in creativeness
- I. Develops special friendship among own sex—but there must also be an “enemy”
- J. Is becoming more independent of teacher
- K. Has better idea of time and space

Part B

FOOD

I. CONCEPTS

- A. Food is necessary for growth; it tastes good.
- B. Milk is nature's first food. One to two pints a day are needed for boys and girls for optimum growth.
- C. A variety of foods will give us the needed nutrients.
- D. Since sweets suppress the appetite, they should be eaten after meals.
- E. Fruit, fruit juices, milk, popcorn are good snack foods.
- F. Food needs to be well chewed so that the stomach does not need to work so hard to get it ready for the body to use in helping growth to take place.
- G. Good manners and eating habits are conducive to well-being.

II. SUGGESTED ACTIVITIES

- A. Make posters and "movies" showing good foods, good manners, good health habits.
- B. Set a table for a meal using food models (or the real thing).
- C. Make butter using a glass churn or by whipping with old-fashioned egg beater. Serve with crackers and milk.
- D. Ask children to take turns serving the mid-morning snack at school.
- E. Committees may be chosen for a week of activities showing "A Day in the Life of My Family":
 - 1. Monday—Dramatize arising and grooming for the day.
 - 2. Tuesday—"Eat" breakfast.

3. Wednesday—Clear the breakfast table, wash dishes, put on coat, say goodbye to parents, and start off to school.
 4. Thursday—In school, sit straight and tall, sing, tell health stories, have snack-time.
 5. Friday—Come home from school (snack-time: carrot sticks, apples, milk, etc.)
- F. Make individual booklets, possibly entitled "All About Me," with charts of height and weight at certain intervals. The child's picture and signature will help to individualize the project. Activities during the year which promote health may be included.
- G. See "How Food Becomes Me" in Upper Elementary Section.

III. EVALUATION

- A. Are the children eating more varieties of foods and liking them better?
- B. Do they drink plain milk instead of chocolate milk?
- C. Do they understand why they should save sweets until after the meal?
- D. Are their snacks likely to be fruit rather than candy?
- E. Do they take enough time to chew the food properly?

FILMS *

ABC OF FOODS 12 min. (Silent)	UNCLE JIM'S DAIRY FARM 12 min.
EAT FOR HEALTH 11min.	WHY EAT OUR VEGETABLES
EAT WELL GROW WELL 11 min.	11 min.
TWO LITTLE RATS AND HOW	YOU AND YOUR FOOD 11 min
THEY GREW 10 min.	

* SDH

Part C

DENTAL HEALTH

Dental health is known to affect the general health, the appearance and social adjustment of individuals throughout their lives. Measures are now available which will assist in preventing a great percentage of tooth decay and other dental afflictions. The control of dental diseases, correction of defects and the establishment of good oral habits are best accomplished during childhood.

I. OBJECTIVES OF THE UNIT (As adopted by the American Dental Association)

- A. To help every school child appreciate the importance of a healthy mouth
- B. To help every school child appreciate the relationship of dental health to general health and appearance
- C. To help all parents become aware of their child's dental defects and the possible consequences of untreated defects
- D. To encourage the observance of good dental practices—personal care, professional care, and proper diet
- E. To correlate dental health activities with the total school program

II. UNIT CONTENT

A. Basic Principles

1. Every person can achieve a healthy mouth, provided he begins to practice protective health habits during childhood.
2. The schools must assume the responsibility of sharing an educational program to help children develop proper habits and attitudes and to provide knowledge and understanding upon which desirable dental health practices are founded.

3. The information is based on facts as determined by research.
Continued research will produce even more useful facts.

B. General Information

1. Why is dental health important?

If neglected, general health, well-being and personal appearance may affect the child's entire life. Parents would be eager to provide the necessary dental care for their children if dental decay and other dental diseases were as dramatic as heart disease and cancer. Dental surveys in Nebraska schools reveal that:

- Approximately ninety-five percent of all school children have been afflicted at some time by dental disease.
- Over fifty percent of all school children are in need of dental treatment.
- Tooth decay among children is occurring faster than it is being corrected.
- Gingivitis (inflammation of the gums) affects a significant number of children.
- Malocclusion (irregular alignment of teeth) is present in many children.

The lack of understanding and appreciation for good dental health on the part of parents, children, and the community result in:

- Neglect of early and regular dental care
- Frequent and excessive consumption of decay-producing foods
- Failure to practice good oral hygiene habits
- Fear of dental treatment
- Failure to include funds for dental care in the family budget

- Inadequate funds for community dental care programs
 - Lack of community water fluoridation
2. Why should the Nebraska schools include a curriculum on dental health?

- The aims of health instruction are expressed in a statement of the Educational Policies Commission of the National Education Association:

"The educated person understands the basic facts concerning health and disease . . . the educated person protects his own health and that of his dependents . . . the educated person works to improve the health of the community."

- The school health program should be concerned with dental health because dental disease and afflictions are universal. An effective dental health program conducted in the schools can aid materially in reducing the high incidence of dental maladies.
3. What are the three phases of a good dental health program in the school?

- Education

Education should center on the child, the parent and the entire community. This is necessary for the recognition and correction of decay, oral hygiene, tooth-brushing techniques, eating and snacking habits and for the proper appreciation of early and regular dental care.

- Prevention

Prevention is concerned with regular school dental inspection and the demonstration and institution of preventive measures. Dental inspections are not intended to replace a complete and thorough examination by the dentist. Inspection may also serve as a basis for school dental health instruction.

- **Encouragement of Treatment**

The educational program involves motivation of children and parents to seek treatment. Parents who are unable to provide dental care for their children should be encouraged to seek aid from appropriate agencies. There should be no stigma attached to the child if parents are unable to provide the necessary dental treatment.

C. Use of This Material

1. Refer to Lower and Upper Elementary Sections' programs with specific objectives and criteria for the particular grade level.
2. Study General Information. This part has been written by dental consultants in lay language to acquaint the teacher with basic knowledge required to implement the teaching activity in the instruction program.
3. Secure teaching materials such as textbooks, reference books, free materials and films.
4. Evaluate each year the change in attitudes toward better dental health.
5. Expend every effort to motivate the children and to supplement the efforts of parents and agencies in providing dental care.

SOURCES OF MATERIALS

American Dairy Association
(will send catalogue upon request)
County Dental Health Consultant
Local Dentists

Nebraska Dental Association
State Department of Health
(Division of Dental Health)

Specify grade level when asking for literature. A basic text in health education and supplementary library materials are necessary if desired results are to be obtained.

DENTAL HEALTH

Lower Elementary

The purpose of this unit is to help children in the five-to-eight-year-age group develop understanding, attitudes, habits, and skills leading to healthy teeth and gingival (gum) tissues that contribute to good health. At this level the child is very conscious of his teeth and much emphasis is placed upon regular visits to the dentist, eating foods that will maintain good oral health, and brushing teeth or rinsing the mouth immediately after eating and before bedtime. Ninety-five percent of all school children have had, or are in need of, dental treatment requiring a visit to the dentist.

The importance of both the primary and permanent teeth is presented to this group, with special attention centered on the first permanent molar (six-year molar).

Children will better accept the health practices they are urged to adopt if good reasons are presented and demonstrated.

I. OBJECTIVES OF THE UNIT

A. Learning to keep teeth and gums healthy

1. Eat proper food and reduce frequency of eating between meals.
2. Brush immediately after eating and before going to bed. When not convenient to brush, rinse thoroughly with water—swish and swallow.
3. Visit the dentist regularly.

B. Stressing the importance of the first permanent molar and other permanent teeth because they will not be replaced

C. Teaching correct method of brushing teeth

1. Do not expect too much manual dexterity in K-2; that develops at grade 3. Encourage any techniques the child wishes

to use within his muscular capabilities. Parents should brush the child's teeth at least once a day. Stress "swish and swallow."

2. Brush the way teeth grow—down on the upper and up on the lower. Brush the gums, tongue, and cheeks as well. Brush the tops of all the teeth, behind the upper and lower anteriors and the inside of the upper and lower posterior teeth.

II. DENTAL CHARACTERISTICS

A. Kindergarten

All twenty primary teeth are usually present, though some children may have begun to lose front teeth.

B. Grade One

Seven-year-olds have their four first permanent molars which erupt behind the last primary molars. This is a critical time, for many first permanent molars are lost due to neglect. This is serious, for the presence of the first permanent molars in normal position has a direct influence on the proper position of other permanent teeth later on, as well as on normal growth and development of the jaws and musculature. At this age some of the front teeth may be loose or already lost, and will be in the process of being replaced by the upper and lower permanent incisors. There may be some crowding of lower permanent anterior teeth for a time.

C. Grade Two

At this age the child should have all four first permanent molars well erupted. The eight incisors—four in the upper jaw and four in the lower jaw will be well along in erupting.

D. Grade Three

At this age the four front upper and four front lower permanent teeth should be well erupted and in good position, though

normally there will be some spacing between the upper incisors. The remaining primary teeth—cuspid and two molars—of each side, upper and lower jaw, will be situated between the permanent incisors in front and the first permanent molars in back. (Refer to tooth erupting chart.) No more teeth are normally lost until ages ten to twelve.

Stains frequently occur on teeth and should be removed. Decay is common in primary teeth. It is important to stress that primary teeth, as well as permanent teeth, should receive professional care.

III. SUGGESTED ACTIVITIES

- A. Make up a play about going to the dentist.
- B. Show and discuss films and filmstrips on care of the teeth.
- C. Invite a dentist to the classroom to discuss the care of the teeth and gums, and techniques for preventing decay.
- D. Discuss ways to select and care for a toothbrush.
- E. Study and discuss charts showing parts of teeth.
- F. Collect pictures of persons with pretty teeth and smiles.
- G. Use sugar charts to show the amount of sugar in commonly used foods.
- H. Cut out or draw pictures of foods which help to build healthy teeth and gums.
- I. Make a list of new words learned in connection with the care of teeth.
- J. List snack foods eaten between meals that contribute to decay.
- K. Practice "swishing and swallowing."

IV. EVALUATION

- A. What evidences are there that the children have developed an attitude of friendliness toward the dentist?

- B. Does the child enjoy telling about his trip to the dentist?
- C. How many children have had needed corrections made?
- D. Do children visit the dentist regularly?
- E. Do children enjoy having parents visit school to see dental posters and exhibits?
- F. Have children begun to understand that there is relationship between good mouth hygiene, regular dental care, and the condition of their teeth?
- G. Have the children's good habits improved?
- H. Do the children have clean teeth?
- I. Is it evident that home dietary practices have been improved?

FILMS

BEAVER'S TALE 4½ min. NDA IT DOESN'T HURT A BIT 10 min. NDA LEARNING TO BRUSH 10 min. NDA DOTTIE AND HER DAD 4½ min. NDA BILLIE MEETS TOMMY TOOTH 4½ min. NDA	TARO'S ADVENTURES IN HEALTH 18 min. NDA TEETH ARE TO KEEP 11 min. SDH WINKY, THE WATCHMAN 10 min. SDH TOOTH OR CONSEQUENCES 11 min. SDH
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Part D

POSTURE AND EXERCISE

I. CONCEPTS

- A. We need to sit straight and tall if we want to grow that way.
- B. Bones and muscles are growing night and day.

- C. A straight back helps us to keep our balance and helps us to walk more comfortably.
- D. Our feet should be kept comfortable by wearing well-fitted shoes.
- E. Stocking feet should be long enough to provide plenty of room for the toes to wiggle easily.
- F. Exercise will help to strengthen the muscles that hold our bones in place.
- G. Shoulders in proper position help us to breathe more easily.
- H. Exercise will promote deeper breathing to provide more oxygen. The heart will beat faster in sending food and oxygen to all parts of the body and to carry away carbon dioxide and used broken-down cells.
- I. As the heart and lungs perform more efficiently, one can exercise longer without getting out of breath.
- J. Exercise, especially out of doors, improves the appetite and coordination; promotes sleep; and helps one to enjoy life more.
- K. Any exercise should cease when one becomes comfortably tired.
- L. School table and chair should fit each child.

II. SUGGESTED ACTIVITIES

- A. Practice sitting, standing, and walking straight.
- B. Demonstrate lying flat on the back or side.
- C. Make a silhouette of each child by drawing around shadow cast by projector or other bright light, or by drawing around the child as he stands against a large sheet of wrapping paper held against a wall. If this silhouette is strengthened by cardboard, it can be dressed and used as a puppet in other activities as well.

III. EVALUATION

- A. Teacher Observation

FILMS

GOOD HEALTH PRACTICES,
Part I, 10 min. SDH
HUMAN MACHINE 10 min.
SDH UN

MODERN GUIDE TO HEALTH 10
min. SDH
ON YOUR FEET 10 min. SDH

Part E

REST AND RECREATION

I. CONCEPTS

- A. Nature provides a pattern of rhythms.
- B. Work and rest follow each other routinely as evidenced by the heart, the lungs, and other sets of muscles.
- C. Rest and exercise must be alternated to give the body tissues a chance to recuperate.
- D. All play and no work make Jack an exceedingly dull boy.
- E. Children need to know that work is necessary in order to have the things we want.
- F. Division of labor for every member of the family followed by fun time is conducive to harmonious living.
- G. Recreating the body and mind is one of the most important activities of mankind.

II. SUGGESTED ACTIVITIES

- A. Discuss bedtime and rising time for the children (10 to 12 hours of sleep).
- B. Stress the need for fresh air and sunshine during recreation.
- C. Alternate quiet games with active games.
- D. Listen to the heartbeat of a classmate after a running game.

Listen again after a rest or nap. Discuss significance of difference.

- E. Teach complete relaxation (like a rag doll).
- F. Show the children how they may rest their feet and strengthen the muscles by wiggling the toes, picking up marbles with the toes, walking on tip-toe, and moving the foot by swiveling it at the ankle. Discuss proper fitting of shoes.
- G. Ask a child to demonstrate preparation for bedtime.

RESOURCES

School and public libraries, insurance companies, and any organization interested in the welfare of children are excellent resources. One such source is the Equitable Life Assurance Society, 393 Seventh Avenue, New York, New York, providing "Play is the Business of Children," leaflet No. 6 available from their Bureau of Public Health.

Part F

MENTAL HEALTH

I. OBJECTIVES

- A. To understand that there are illnesses of the mind and emotions
- B. To provide guidelines for the development and maintenance of mental health

II. UNIT CONTENT

A. Basic Principles

1. People who are mentally ill are sick just as other people are physically sick with sore throats or heart trouble.
2. People who are mentally ill are treatable; many of them can be cured.

3. Good mental health is as important as good physical health.

B. Mental Illness

1. Definition: Mental illness exists when an individual consistently fails to cope with the everyday problems of living.

2. Causes

- a. Physical injury, disorder, or illness
- b. Poor emotional development
- c. Environmental factors

3. Signs and symptoms

- a. Behavior not in keeping with age and maturational level
- b. Radical changes in behavior
- c. Unrealistic thoughts
- d. Inappropriate actions

4. Some abnormal attitudes of mental illness

- a. Mistrust of others
- b. Dislike of self
- c. Shame and doubt
- d. Lack of confidence
- e. Lack of self-esteem

5. Need for early treatment

- a. Importance of conferring with qualified persons
- b. Importance of correct diagnosis
- c. Importance of family understanding

C. Mental Health

1. Definition

- a. Mental stamina and resiliency

- b. Ability to meet and try to solve problems
- 2. People are the same in many respects.
 - a. Basic needs of love, acceptance, satisfaction
 - b. Basic emotions of love, fear, joy, hate, grief
- 3. People differ in some respects.
 - a. One group of people may act differently from another.
 - b. The standards and values found in one group may not be found in another.
- 4. Individual variations
 - a. Each person varies in his ability to meet and solve problems.
 - b. Each person has behavior traits entirely his own.
- 5. Components of mental health
 - a. Physical well-being
 - b. Emotional stability
 - c. Social adjustment
 - d. Intellectual development
- 6. Healthful mental attitudes
 - a. Self-acceptance
 - b. Self-confidence
 - c. Trust in others
 - d. Adapting to change
 - e. Initiative and independence
 - f. Respecting and considering others

BOOKS

The Child From Five to Ten. Gesell and Ilg; Harper and Brothers, New York.

The Children We Teach. Susan S. Isaacs; University of London Press, London.

The Children We Teach. Nina Ridenour; Mental Health Materials Center, New York.

Know Your Children In School. L. Mitchell; The Macmillan Co., New York.

Mental Hygiene for Classroom Teachers. Harold Bernard; McGraw-Hill Co., New York.

These Are Your Children. Gladys Jenkins; Scott Foresman and Co., Chicago.

PAMPHLETS

"Child Training Series." (Lying and Stealing, Nervous Habits, Destructiveness, Temper, Shyness, Sex, Stuttering, Sleeping Habits, and Fear), Human Relations Aids, 104 East 25th Street, New York, New York.

"Your Child From One to Six" No. 30 and **"Your Child From Six to Twelve"** No. 324. Children's Bureau Publication, U. S. Department of Health, Education and Welfare, Welfare Administration.

FILMS FOR TEACHERS

CHILDREN'S EMOTIONS 22 min. SDH UN	HELPING TEACHERS TO UNDERSTAND CHILDREN Part I 20 min.—Part II 20 min. SDH
FROM SOCIABLE SIXES TO NOISY NINES 22 min. SDH	TERRIBLE TWO'S AND TRUSTING THREE'S 20 min. SDH
FROM TEN'S TO TWELVE'S 26 min. SDH	WHO CARES ABOUT JAMIE 17 min. SDH UN
FRUSTRATING FOUR'S AND FASCINATING FIVE'S 22 min. SDH	ANGRY BOY 21 min. SDH

Part G

EDUCATION FOR FAMILY LIFE

Although sex education should begin in the home by answering a child's first questions, it is often a difficult task for the parents who have been brought up in a hush-hush environment.

Often, parents appeal to the school for help. Then it is possible to plan a program to help parents learn proper vocabulary in discussing the subject with their children.

A teacher can help a child to learn to accept himself. Healthy relationships with children of the opposite sex can be developed. A unit on plants with a discussion of pollination or a unit on animal life brings living science into the picture. The beauty and the wonder of it all provides a wholesome activity.

Films and filmstrips are available from local college audio-visual departments, from the University of Nebraska, from the State Department of Health and from the County Superintendent's Office.

I. OBJECTIVES

- A. To develop interest in nature and in child's own growth
- B. To note the processes of reproduction and growth in plants, animals and human beings
- C. To promote understanding of body functions regarding eating and elimination
- D. To help children to realize that they are precious, loved, and wanted
- E. To lay the foundation for understanding that every human being and animal has a mother and a father (whether both are living with the family or not)

- F. To develop an understanding that one is likely to resemble one or both parents or either set of grandparents
- G. To help child to accept the fact that he is shorter or taller than his age-mates or that he has blue eyes instead of brown eyes
- H. To help child find joy and comfort in being what he is

II. SUGGESTED ACTIVITIES

- A. Teacher should consult parents regarding their responsibility in preparation for family life.
- B. Show pictures and talk about the young of animals and poultry.
- C. Show films on kittens and puppies, etc. to develop wholesome attitudes toward pets.
- D. Allow the children to bring a pet to school for a short period of time while the owner talks about feeding and care.
- E. Talk about the new baby in the neighborhood.
- F. Visit a farmyard or a zoo.
- G. Develop the concept of right and wrong, honesty, self-control, sharing, and helping.
- H. Practice courtesy to each other. Dramatize courtesy toward helpers such as storekeepers, police, teachers, custodian, and parents.
- I. Plan and carry out a party with the children, giving each an assignment of responsibility. Good manners are to be expected.
- J. Plan school activities of helpfulness to be repeated at home. Discuss ways a child can show his appreciation to his parents at home.

Books and pamphlets listed below are helpful.

FOR TEACHERS AND PARENTS

Child Development—Saunders, West Washington Square, Philadelphia, Pa. 19105

Encyclopedia of Child Care and Guidance—Doubleday & Co., Inc.

What to Tell Your Children About Sex—Duell, Sloan & Pearce

**“Facts Aren’t Enough”—pamphlet, National Education Association (NEA)
American Medical Association (AMA)**

FOR CHILDREN

**How You Grow Up—Sterling Publishing Co., Inc., 419 Fourth Avenue,
New York, New York 10016**

**Wonderful Story of How You Were Born—Doubleday & Co., 501 Franklin
Avenue, Garden City, New York 11531**

“Story About You, A”—pamphlet, AMA

FILMS *

COURTESY FOR BEGINNERS	SKIPPER LEARNS A LESSON 10
11 min.	min.
HUMAN BEGINNINGS 25 min. **	WAYS TO SETTLE DISPUTES 11
KINDNESS TO OTHERS 11 min.	min.
LET’S PLAY FAIR 20 min.	WONDER OF REPRODUCTION 12
LITTLE ENGINE THAT COULD	min.
11 min.	

*** SDH**

**** (Teacher-preview necessary)**

UNIT II

HOW WE LEARN ABOUT OUR WORLD

I. CONCEPTS

A. Eyes

1. Good lighting protects the eyes.
2. Children are prone to keep eyes closer to work than is necessary. The more difficult the work, the closer they tend to look.
3. Sanitation must be practiced regarding fingers, pencils, handkerchiefs, personal towels and washcloths, or anything coming in contact with the eyes, nose, and mouth.

B. Ears

1. Washcloth on the end of the finger is sufficient for cleansing.
2. Eardrum is sensitive to loud noises or loud whispers directly into the ear.
3. Ears need to be protected from extremes in weather.

C. Nose

1. The nose should be blown gently when one has a cold.
2. Cover your nose with your hand for the first breath or two when stepping out into extremely cold air to prevent shock to lungs.

D. Mouth (See Dental Health)

E. Skin, Hair, and Nails

1. Skin should be kept clean to avoid infection.
2. Hands should be washed with warm water and soap after toilet time and before eating.

3. Hair and nails should be kept clean and well groomed.
4. Skin, hair, and nails have no feeling.

II. SUGGESTED ACTIVITIES

A. Eyes

1. Discuss proper lighting, posture, best distance between eyes and work for the individual. (Lying on the floor when reading usually puts the book too close to the eyes.)
2. Close eyes and try to find way to door or to other suggested place. (Prevent accident by readiness to guide child away from objects that could cause a fall.)
3. Demonstrate posture while reading a book.
4. Check the amount of light available by means of a light meter.
5. Look straight ahead; close one eye. Note change in range of vision.
6. Check eyes with Snellen "E" Chart. The near-sighted child is quickly located; the far-sighted child may be able to respond correctly at twenty feet, but has trouble reading at close range.
7. Teacher observation is very important in spotting children having trouble with the eyes. Keep a record.
8. A child who wears glasses may show how he cares for them and may tell how they help him to see better.

B. Ears

1. Demonstrate proper cleansing of ear.
2. Close eyes and cover one ear. Try to locate direction from which a designated sound is coming. (Shows value of having two ears.)

C. Nose

1. With tissue, each child closes his nostrils gently. The re-

sulting dryness of the mouth and throat explains the fact that the nose moistens the air before it reaches the throat and lungs.

2. Demonstrate proper blowing of the nose by holding one nostril closed while the other is being gently cleared. This method may prevent ear infection from being forced through the Eustachian tube into the middle ear.

D. Mouth

1. Using a mirror, watch the unruly tongue. Count the teeth with the tongue.
2. Note the roominess between deciduous teeth. Discuss. Note the size of the permanent teeth in proportion to the earlier teeth.
3. Discuss space-savers used by dentists to maintain room for the permanent teeth.
4. Note the color of the tongue. Discuss changes in the color when one may not feel well.
5. Suggest brushing the tongue when the teeth are being brushed.

E. Skin, Hair, and Nails

1. Pinch the hair and the end of a fingernail; they have no nerves.
2. Thickened skin like that of a callus may be tested for feeling. (The epidermis is closely attached to the dermis making separation difficult.)
3. Look at skin under a magnifying glass. Note ridges are different for each individual—especially at fingertips. Note hair on forearm.
4. Look at fingers under a magnifying glass before and after washing the hands. This activity should be an individual project to avoid embarrassment.

5. Discuss care of skin, hair, and nails.

IV. EVALUATION

- A. Do the children know that nature has provided protection for these organs of sense but that they still need further protection which only the individual can provide?
- B. Do the children seek the best lighting when they read?
- C. Have all of the children had the opportunity to use the five senses in a class project in order to develop appreciation for their value in learning about their environment?
- D. Do the children realize the harm that can be done by shouting into the ears of their classmates?
- E. Have they learned how to blow the nose when they have a cold?
- F. Are sneezes and coughs covered consistently? Is a clean handkerchief or tissue available at all times?
- G. Do the children keep their fingers and other objects away from the eyes, nose, and mouth? Do they know why they should do this?
- H. Do they remember to wash their hands after toilet time and before eating?
- I. Do they have individual towels, washcloths, and drinking glasses at home?
- J. Do they appreciate the fact that the correct way of doing things saves trouble and possible pain later?
- K. Are the children eager to do the things that they have learned are healthful?

FILMS *

CARE OF THE SKIN 10 min.	GOOD HEALTH PRACTICES, Part
CLEANLINESS AND HEALTH 10 min.	II 10 min.

LEARNING ABOUT OUR BODIES	WALKING MACHINE, THE 15 min.
11 min.	YOUR EARS 12 min.
SEE BETTER: HEALTHY EYES	YOUR EYES 12 min.
10 min.	YOUR FRIEND, THE DOCTOR 10
SLEEP FOR HEALTH 10 min.	min.

* SDH

UNIT III

DISEASE CONTROL AND ACCIDENT PREVENTION

I. CONCEPTS

A. Disease Control

1. Consistent cleanliness will prevent many kinds of germs from entering the body.
2. Avoiding the direct breath of other persons will help to keep one healthy.
3. Covering sneezes and coughs will help to prevent the spread of colds, "flu," and other airborne disease organisms.
4. Immunizations at proper intervals are to be recommended.
5. Children (and adults) should remain at home when they are ill.
6. Wet clothing results in loss of body heat and in lowered resistance if not changed immediately.
7. Early care in all cases of illness may prevent complications.
8. Several communicable diseases begin with symptoms very much like those of the common cold.
9. Adherence to communicable disease regulations will reduce the number of cases recorded annually.

B. Accident Prevention

1. Street crossings and road intersections require extreme caution for pedestrians and motorists.
2. When walking on the road, keep to the left of oncoming traffic. The shoulder of the road is safer.

3. Avoid unnecessary rough play; don't "pick on" a smaller child.
4. Practice safety rules; they have been found to be reasonably safe.
5. "Showing off" does not show courage or bravery.
6. Parents and/or teacher should know the whereabouts of each child from the time he leaves home until he returns. Loitering may invite trouble.
7. Avoid playing with strange animals; they are unpredictable. If bitten, get a good description of the animal; try to locate the owner so that the animal may be observed for symptoms of rabies.
8. Playthings, tools, and other objects out of place are a hazard.
9. Empty buildings, old refrigerators with doors, railroad tracks, and construction areas are unsafe places to play.
10. Fire drill procedures should be practiced until every child knows exactly what to do when the alarm sounds. In rural schools, the quiet reassuring voice of the teacher giving orders to clear the room is sufficient warning.
11. Every child should know how to dial the fire department; how to put out different kinds of fire; and what to do if clothing does catch fire. The first rule is to save human lives; buildings can be replaced.
12. One should never touch electrical equipment with wet hands.
13. Wet floors and sidewalks can be slippery.
14. Older children can be an example for younger children in thoughtful planning for safety.

II. SUGGESTED ACTIVITIES

A. Disease Control

1. Supervise handwashing before snack-time, making sure that the hands are thoroughly dried to avoid chapping. Discuss.
2. Dramatize covering sneezes and coughs.
3. Play doctor and nurse giving immunizations. The "doctor" tells the "parents" when to bring the child back for the booster treatment.
4. Dramatize hospital experiences.
5. Dramatize a child with cold symptoms being sent back to bed by the parents who explain why this treatment is best.
6. Discuss proper clothing for various kinds of weather.

B. Accident Prevention

1. With string or chalk, mark street and road crossings on schoolroom floor or playground. Practice walking safely by looking for traffic at crossings.
2. Divide the class into "pedestrians" and "motorists." Pedestrians keep to the left when walking on a rural road. Where bicycles are available, the older children may demonstrate good bicycle safety.
3. Safety is best practiced "for real." Attention can be called to unsafe practices as they occur.
4. Committees may plan a pantomime of right and wrong ways to perform some task. Others may point out the events by commenting on the right and wrong methods.
5. Ask children to report on various ways they have observed people crossing streets.
6. Pictures, posters, movies, dramatizations help to strengthen concepts of safety.
7. Visit a fire station after making arrangements with the chief.
8. Dramatize a fire prevention project—cleaning up trash, learn-

ing the location of fire extinguishers and how to use them, keeping matches in a safe place.

9. Compose a set of rules regarding safety from fire, water, carelessness, poisonous weeds, medicines, cleaning solutions.
10. Place a wet paper on a saucer under a piece of dry cotton. The teacher will start the cotton burning with a match; then cover the bottom with a glass tumbler to show that fire must have air to burn.

III. EVALUATION

A. Teacher Observation

FILMS

ABC OF WALKING WISELY 10 min. State Department of Health	LET'S HAVE FEWER COLDS 10 min. State Department of Health
BICYCLE SAFETY SKILLS 11 min. State Department of Health, University of Nebraska	LET'S THINK AND BE SAFE 10 min. State Department of Health
BLASTING CAP DANGER 14 min. State Department of Health	SAFE LIVING AT SCHOOL 10 min. State Department of Health
COMMON COLD 10 min. State Department of Health, University of Nebraska	SAFETY ON OUR SCHOOL BUS 11 min. State Department of Health, University of Nebraska
HOW TO CATCH A COLD State Department of Health, University of Nebraska	SAFETY ON THE WAY TO SCHOOL 11 min. State Department of Health, University of Nebraska
JOAN AVOIDS A COLD 12 min. State Department of Health	WATER, FRIEND OR ENEMY 12 min. State Department of Health

Important: A communicable disease chart may be obtained upon request from the Nebraska State Health Department, State Capitol, Lincoln. Write for it if you don't already have it.

UPPER ELEMENTARY GRADES

Overview

With increased knowledge of growth and development of children, it is possible to set up a program to fit the special needs and interests of the individual age groups. For instance, fourth graders are much interested in how their bodies look on the inside; how food becomes a part of them; and why certain foods are not good for them. The boys, especially, want to know how to grow strong. Here is the teacher's opportunity to present simple instruction in hygiene, physiology, and anatomy.

The child needs help to see that being tall or short, stocky or thin is not the determining factor for success or failure in life. Health, happiness, and success may be achieved by all. Are we helping all of our boys and girls to reach that goal? Are we helping them to establish a stable foundation upon which they may build their future?

Schools must take the initiative in planning well-rounded programs through which the child may attain some measure of success and can feel that he is needed. As adults, we can guide youth into experiences that will aid them in making wise choices when they are out of school.

CHARACTERISTICS

I. GRADE IV

- A. Improvement continues in all lines indicated in previous grades.
- B. Only his physical limitations prevent complete fatigue; he scarcely knows when to quit work or play.
- C. Improved motor coordination and interest in "what makes the world go around" contribute to originality in undertakings.
- D. Increased muscular growth demands wriggling and twisting.

- E. Height and weight are growing at a steady rate.
- F. Dental defects are quite common.
- G. Interests are deepening rather than broadening.
- H. Effective use of time in his busy world is increasing.
- I. Scientific thinking is beginning to develop.
- J. The dictionary and reference materials are receiving much attention.
- K. Likes to report his personal experiences and the results of his reading activities to his classmates.
- L. Enjoys special friends and works well in clubs.

II. GRADE V

- A. Eye-hand coordination is much improved.
- B. Rate of growth of various parts of body is uneven.
- C. Minor illnesses may be more prominent than last year.
- D. Need for expending energy continues.
- E. Eye muscles are well developed.
- F. Interest span is lengthening.
- G. Generalization and critical thinking are coming into play.
- H. Plans for tomorrow and for the future are shaping his activities today.
- I. Special abilities and talents are being developed.
- J. Competition in mental and physical skills is thoroughly enjoyed.
- K. Club or gang activities are becoming more prominent.
- L. Impressing others may become a "hobby."
- M. Pleasure in opposing those of the opposite sex is rather noticeable.

III. GRADE VI

- A. Uneven growth is still evident.
- B. Physical skills are improving as further coordination is developed.
- C. Apprehension concerning own health is developing; he is interested in learning how to care for his body and how to prevent disease.
- D. Adventure, science, and nature take top priority in reading choices.
- E. The ability to do cooperative thinking and to organize materials for solving problems are enabling him to depend less on concrete illustrations.
- F. Discussion of current events is of great importance.
- G. The love of competition continues.
- H. Leadership of peers is recognized.
- I. Thinks he knows what to do without being "bossed"; still wants help from parents.
- J. Wants and rejects independence; frustrations follow.

UNIT I

DENTAL HEALTH

The teeth and jaws are undergoing change between nine and eleven years of age. This period is often referred to as the "mixed dentition age" at which time the primary teeth are being lost and replaced by permanent teeth. During this period the dentist is especially concerned with supervising the growth and development of the teeth and face in continuing the maintenance and care of the primary and permanent teeth.

I. OBJECTIVES OF THE UNIT

- A. To relate dental health to general health
- B. To help pupils recognize and appreciate the value of healthy teeth and gums and their effect on appearance, digestion, and speech
- C. To develop an awareness of the cause, prevention and prevalence of tooth decay
- D. To understand practices important to maintaining healthy teeth and gums. Some of these practices are:
 - 1. Eat proper food and reduce frequency of eating between meals.
 - 2. Brush immediately after eating and before going to bed. When not convenient to brush, rinse thoroughly with water—swish and swallow.
 - 3. Regular visits to the dentist
- E. To develop critical thinking in regard to advertised products and materials pertaining to dental health
- F. To develop habits of safety in order to avoid dental injuries and, if injuries do occur, to seek immediate dental treatment

- G. To understand the role of the dentist in an overall health program

II. DENTAL CHARACTERISTICS

- A. Usually lower permanent cuspids and first bicuspid erupt.
- B. Irregular appearance of teeth often occur and dental supervision and guidance is recommended.
- C. Stains frequently occur on teeth and should be removed.
- D. Decay is common and teeth should be repaired.
- E. Calculus (tartar) is beginning to form on the teeth of some children in this age group and should be removed.

III. SUGGESTED ACTIVITIES

- A. Keep a record (three days) of each time that you eat or drink anything, except water. Count each meal as one time.
- B. Discuss situations such as: decay, infected teeth, toothache, bleeding gums, gum boils, crowded teeth, child with braces.
- C. Make posters or bring pictures illustrating how teeth affect appearance (before and after treatment).
- D. Use the eggshell and vinegar demonstration. Break eggs; have children feel hardness of shell. Drop shell into bowl of vinegar. In a few hours, let children see how easily it breaks. Return shell to vinegar overnight. Observe softness of shell. Compare with action of acid on teeth.
- E. Invite children who have had topical fluoride treatments to tell of their experiences.
- F. Show and discuss films and filmstrips on care of the teeth.
- G. Invite a dentist to the classroom to discuss the care of the teeth and gums and prevention of decay.
- H. Discuss ways to select and care for a toothbrush.
- I. Study and discuss charts showing parts of teeth.

- J. Practice "swishing and swallowing."
- K. Discuss misleading advertising such as some ads for chewing gums.
- L. Make "swish-and-swallow" signs or posters for use at drinking fountains.

IV. EVALUATION

- A. Is there an increased awareness of the effect teeth have on appearance? On speech?
- B. Do the children show interest in learning about the types of teeth?
- C. How many children know the structure and types of teeth?
- D. How much interest is being shown in the care of the teeth?
- E. Do dental inspections show an improvement in oral hygiene?
- F. Do dramatizations encourage more frequent visits to the dentist?
- G. Have all the children been to the dentist in the past year?
- H. How many children still fear dental treatment?
- I. Is your local water system fluoridated? If so, has a field trip been made to the plant?
- J. How many class members have had topical fluoride treatment?
- K. Is there noticeable decrease in the use of sweets and snacking between meals?
- L. What is the attitude of the group toward a visit from the dentist?
- M. Are pupils beginning to distinguish between facts and fallacies in advertising?
- N. Do pupils' play habits reflect safety consciousness?
- O. Are the students more aware of the responsibility of the child, the parent, and the community in the problem of dental health?

- P. Do the students show an appreciation for the contribution made by the dental profession?
- Q. Have attitudes toward dentistry changed?

SOURCES OF MATERIALS

American Dairy Association	Nebraska Dental Association
(will send catalog upon request.)	State Department of Health
County Dental Consultant	Division of Dental Health
Local Dentists	(will send catalog upon request.)

FILMS

ABOUT FACES 10 min. SDH	ONE IN A MILLION 4½ min.
COME CLEAN 10 min. SDH	NDA (fluoridation)
DENTAL HEALTH: HOW AND WHY 10 min. SDH UN	SCIENCE FIGHTS TOOTH DECAY
DIET DID IT 8 min. NDA	13 min. SDH
INSIDE STORY: XRAY 12 min. SDH	SMILE FOR HEALTH 4½ min.
	NDA
IT'S YOUR HEALTH 18 min. SDH UN	SWAB YOUR CHOPPERS 10 min. SDH

UNIT II

HOW FOOD BECOMES US

Kindergarten—Grade Eight

Human beings have needs which always have been, and quite conceivably always will be, of concern to them. These are the needs for food, clothing, shelter, social processes, education, religion, transportation, and communication. This is a plan for a study by all the children in a classroom, be it a single-grade or K-8 multi-grade situation, of one of these needs and how men the world over strive to fulfill it. It is an attempt to show how some of the concepts we hope to develop in Health, Science, and Social Studies at the different grade levels can be effectively developed in a comprehensive unit of work. (The term "unit," as used here, refers to those activities which can be meaningfully developed in the Health-Science-Social Studies period.) Each teacher should select those objectives and activities which are most appropriate for his students. **The basic plan of this unit can be adapted to almost any topic.**

A prerequisite to a successful unit is access to a variety of materials on different grade levels. Pooling health, science, and social studies textbooks for the different levels in an accessible location, rather than in the pupils' desks, is an excellent start toward meeting this need. Films, filmstrips, slides, overhead transparencies, records, tapes, books, pamphlets, posters, charts, models, science equipment, and audio-visual equipment are available from a variety of sources. These include materials centers in the local school district or county superintendent's office, public libraries, the Nebraska Public Library Commission in the State Capitol, the University of Nebraska Department of Audio-Visual Instruction in Lincoln, and the sources of free materials listed in the bibliography. Local resources, such as places which can be visited and persons who are specialists in their fields, are also very valuable sources of information.

I. OBJECTIVES

- A. To create and nurture a deeper interest in the ways people fulfill their bodies' food needs
- B. To provide opportunities for children to become proficient in problem solving
 - 1. Recognition of a problem
 - 2. Identification of the problem
 - 3. Location of information
 - 4. Evaluation of information
 - 5. Organization of information
- C. To provide meaningful first-hand experiences for the development of group work skills
 - 1. Interaction
 - 2. Group goals
 - 3. Critical thinking
 - 4. Problem solving
 - 5. Creative thinking
- D. To make possible the exercise of individual initiative in the depth study of a real problem
- E. To provide a wide range of learning experiences which encourage active involvement of each child at his own level
- F. To help children realize the body's daily need for food from each of the four basic food groups
 - 1. Fruit and vegetable group
 - 2. Meat group
 - 3. Bread and cereal group
 - 4. Milk group
- G. To help students understand that other foods supply body needs and furnish variety in the diet
 - 1. Butter, margarine, fats, oils
 - 2. Sugar and honey
 - 3. Nuts
 - 4. Seasoning
- H. To develop an awareness of the specific nutrients which food provides our bodies for health and strength
 - 1. Protein
 - 2. Minerals

3. Carbohydrates

5. Fats

4. Vitamins

I. To foster an appreciation of the work of people close to home and far away which helps us to meet our food needs

1. Local community

14. Home economists

2. State

15. Homemakers

3. Nation

16. Meat processors

4. Hemisphere

17. Milkmen

5. World

18. Millers

6. Bakers

19. Poultry farmers

7. Beekeepers

20. Processors

8. Breadmen

21. Ranchers

9. Dairy farmers

22. Restaurant operators

10. Fishermen

23. Sugar beet farmers

11. Food store operators

24. Sugar plantation workers

12. Fruit farmers

25. Truck farmers

13. Grain farmers

26. Wholesalers

J. To develop an appreciation of the factors in the environment which affect the ways people meet their food needs

1. Natural resources — soil; water; topography

2. Weather and climate

3. Human resources — education; tradition; religion; adaptation to environment; modification of environment

4. Time, distance, and space relationships

K. To bring about an awareness that food needs are inadequately met in some parts of the world

L. To develop an understanding of the tremendous changes which have occurred in the methods of producing and processing food

1. Early man

4. Domestication of plants and animals

2. Invention of tools

3. Development of fire

- | | |
|---|---------------------------------------|
| 5. Food in early civilizations | 9. Food in colonial days |
| 6. Food in Middle Ages | 10. Food of the pioneers |
| 7. Influence of spices on world exploration | 11. Industrial revolution |
| 8. Influence of American Indian | 12. Modern-day processing |
| | 13. Food development for space travel |
- M. To foster a deeper understanding and appreciation of laws affecting food supply which have been passed
- | | |
|------------------------------------|---|
| 1. Colonial taxation | 4. Pure food and drug laws |
| 2. Tariffs | 5. Local and state sanitation regulations |
| 3. Interstate commerce regulations | |
- N. To create an active concern for the need for conservation (the wise use) of our food resources
- | | |
|------------------------------|-------------------------------|
| 1. Care of foodstuffs | research |
| 2. Preservation of nutrients | 5. Development of new sources |
| 3. Soil | |
| 4. Improvement through | |

II. CONCEPTS

- A. People all over the world need food, but the ways in which they meet their food needs vary because of differences in their environments.
- B. Science, technology, education, and values affect man's food habits.
- C. There are similarities and differences in ways of fulfilling food needs here and now and in earlier times and faraway places.
- D. A number of man's activities are related to the production, distribution, consumption, and conservation of food.

III. ACTIVITIES — APPROACH PERIOD

- A. Plan cooperatively with the children a menu for a recent or approaching holiday meal.
 - 1. Where did, or will, the foods come from?
 - 2. Why do we eat these foods?
- B. Ask the children to keep a record of the food eaten in one day.
 - 1. Why eat these foods?
 - 2. Where did they come from originally?
- C. Ask the children if they'd like to set up a food store in the classroom.
 - 1. When deciding where to get the things to sell, ask them where the storekeeper gets his goods.
 - 2. When the need for wholesale dealers becomes apparent, develop a wholesale establishment.
 - 3. Find out where the wholesaler obtains his goods.
 - 4. Trace goods back to the producer.
- D. Have a resource person from another country prepare a native dish for the group.
 - 1. Why are different or less-common ingredients used?
 - 2. Though their foods are different, do they still supply the needs of a healthy body?
- E. Plan simple refreshments for a party.
 - 1. Where did they come from originally?
 - 2. Do party refreshments supply nutrients the body needs or are they eaten just for enjoyment?
- F. Conduct an animal-feeding experiment using rats, mice, chickens, hamsters, etc. (Dairy Council will furnish rats free.)

1. Have the children list the foods they would like to eat if they could eat entirely as they pleased.
 2. Ask why parents don't permit them to eat only potato chips, candy, etc.
 3. Suggest the animal-feeding experiment — feeding one animal foods from their lists and feeding the other a good diet.
 4. Continue "3" for 4 to 6 weeks at least, weighing and observing the animals closely.
- G. Discuss foods eaten for lunch.
1. Why was each included in the menu?
 2. What is its possible source?
- H. Prepare bulletin board display showing foods and a picture of a child with the caption, "How does food become us?"
1. Discuss why we need food.
 2. Discuss where we get all the food we need.
- I. Carry on informal discussion about foods and food sources.
1. Look for genuine interest in a specific aspect for study.
 2. Wait until class "comes alive" with "Yes! Let's do that!"

ACTIVITIES — EXPLORATION AND ORIENTATION PERIOD

- A. Initiate informal discussion about what they know about foods.
1. Why do we need them?
 2. Where do they come from?
 3. Cover the chalkboard with every idea every child can think of.
- B. Make available to the children a wealth of information on the body's food needs and sources of food supply.
1. Books
 2. Other textbooks

3. Pamphlets
 4. Charts and posters
 5. Filmstrips
 6. Listings of available films, filmstrips, records, free materials
 7. Books of experiments with foods
- C. Encourage them to see what is available to help in answering the questions raised during the approach period.
 - D. Encourage children to bring materials which might be of assistance in learning about food.
 - E. Take an excursion or trip to a place relevant to the study.

ACTIVITIES — PROBLEM-SETTING PERIOD

- A. Assist children in organizing ideas and questions about food into a meaningful plan for study.
- B. List questions raised about foods.
- C. Motivate with leading questions and comments; teacher may inject a few of value or interest and organize later.
- D. Center a study around major food groups: why we need the foods in the group; where the major producing areas of these foods are — local community, state, nation, hemisphere, world; how these foods are produced, processed, and made available to us; and the history of man's use of these foods.
- E. Disagreements can serve as excellent motivation. Correction should come later by children.

ACTIVITIES — ASSIMILATION AND PROBLEM-STUDY PERIOD

- A. Divide children in the room into smaller groups for depth study of specific areas (e.g. one group study the meat group in depth, another the milk group, etc.).

1. Primary-grade children might be kept in one group to work more closely with the teacher.
 2. Use subdivisions arrived at in problem-setting period.
 3. Develop standards for group work.
 4. Review with each group its specific aims and objectives.
 5. Gather information using reading skills.
 6. Gather information using other means.
 7. Evaluate information collected.
 8. Organize information collected.
 9. Prepare media for sharing information with other groups.
- B. Discuss sources of common foods.
- C. Share and discuss stories about food needs, food sources, food workers, foods in different lands, etc.
- D. Engage in dramatic play.
1. Mealtime manners
 2. Family members' responsibilities in meeting family's food needs
 3. Food workers and processors at work
 4. Food store operation
- E. Raise indoor gardens
- F. Conduct experiments
1. Test for nutrients in food
 2. Animal feeding
 3. Chemical gardens
- G. Listen to resource people.
1. Producers, processors, etc.

2. Physicians, dentists, etc.
 3. State Department of Health
 4. Letters of invitation
 5. Letters of appreciation
- H. Visit food-producing or processing establishments.
1. Letters of arrangement
 2. Letters of appreciation
- I. Summarize ideas acquired using art media.
1. Murals telling the story of specific foods
 2. Food producers and processors at work
 3. Posters of desirable table manners, proper foods, etc.
 4. Illustrated stories about food sources, producers, processors
 5. Signs and advertising for food store
 6. Pictures of mealtime in other lands
 7. Design food container labels
 8. Dioramas of food processing, food production in other lands, etc.
- J. Engage in writing experiences.
1. Books telling the stories of different foods
 2. Descriptions of food producing, processing, and consumption in other lands
 3. "House That Jack Built" — type stories of foods
 4. Chart stories summarizing major learnings
- K. Prepare foods in the classroom.
- | | |
|-----------|--------------|
| 1. Bread | 3. Cheese |
| 2. Butter | 4. Cornbread |

- 5. Ice cream
- 6. Pancakes
- 7. Foreign dishes
- L. Collect and display food containers and labels noting information they provide.
- M. Prepare charts, graphs, and tables to illustrate information acquired.
 - 1. Nutrients in different foods
 - 2. Calorie content of foods
 - 3. Percentages of food produced in different regions
- N. Prepare diagrams to clarify ideas for others.
 - 1. Steps in food processing
 - 2. Digestive process
 - 3. Body's use of food
- O. Construct and prepare maps and globes.
 - 1. Major producing areas of different foods
 - 2. Land use in the world
 - 3. Weather and climate regions
- P. Prepare "movie" or "television" presentations.
- Q. Prepare demonstrations of worthwhile experiments for presentation to the entire group.
- R. Prepare scrapbooks of types of foods, foods of other lands and times, etc.
- S. Select specific portions of films, filmstrips, tapes, and records which best clarify information to be shared and presented.
- T. Prepare displays.
 - 1. Unusual foods
 - 2. Food samples
 - 3. Food-processing equipment

- 4. Advertisements
- 5. Foods of early times
- 6. Pioneer utensils
- U. Prepare choral readings to summarize or illustrate findings.
 - 1. Literary selections
 - 2. Original compositions
- V. Appreciate musical selections related to the study of food.
 - 1. Learn prepared songs.
 - 2. Compose original selections.
- W. Prepare reports to make possible the sharing of information among the different groups.
 - 1. Written — to be read silently by others
 - 2. Oral — to be presented before the entire group

ACTIVITIES — CULMINATION PERIOD

- A. Smaller groups share knowledge acquired with others in the larger group through oral and written reports.
 - 1. Develop standards to guide this sharing period.
 - 2. Utilize media prepared in assimilation and problem-study period.
 - 3. Follow each report with pointed, specific discussion to raise additional questions, clarify vocabulary, stress major points, and clarify locations, directions, etc.
- B. Prepare foods in the classroom.
- C. Prepare and serve desirable snacks for different countries.
- D. Have a tasting party.
 - 1. Unusual foods
 - 2. Foods from other lands
 - 3. New foods

- E. Prepare and serve a meal to group or guests.
 - 1. Typical U.S. or foreign meal
 - 2. Explain sources of foods and contributions to body's health.
- F. Develop a mural or frieze — "It's Always (Breakfast- Lunch- Dinner-) Time Somewhere."
- G. Eat in a restaurant or cafeteria.
 - 1. Discuss food selection ahead of time.
 - 2. Evaluate choice of foods in terms of body needs.
 - 3. Include new foods.
- H. Plan an actual menu for the family for a week.
 - 1. Requires cooperation of home.
 - 2. Stress being realistic.
 - 3. Figure cost.
 - 4. Get family reaction.
 - 5. Evaluate for nutrient value.
- I. Write letters to other parts of U.S. and world.
 - 1. Check validity of information regarding major foods produced and eaten.
 - 2. Find most commonly eaten foods.
 - 3. Find which foods are considered treats and delicacies in that area.
- J. Present a program for other children or parents.
 - 1. Summarize major learnings.
 - 2. Display and explain completed projects and activities.

IV. EVALUATION — TEACHER OBSERVATION

A. Does pupil behavior indicate growth in the attainment of the stated objectives?

1. Is there evidence of increased interest in the task of feeding the world's people?
2. How does each child react when he is faced with a problem situation?
3. Was there evidence of increased ability to successfully work in groups with decreasing dependence upon outside control?
4. Did the children improve in their ability to pursue a problem in depth?
5. Did active involvement of individual children increase throughout the unit?
6. Was there evidence that individuals were becoming more realistic in their recognition and acceptance of their levels of ability?
7. Does the knowledge the children are acquiring seem to make a difference in the way they behave? Are they changing eating habits? Do they consider current events and issues more intelligently?

B. Group discussion.

1. Current events and issues related to food and nutrition.
2. Emphasize "how" and "why" questions.
3. There is no reason for anyone in the world to be hungry — true or false?
4. Why are many people in the United States who have more than enough to eat suffering from malnutrition?
5. What is in your lunch?
6. Does it really matter what one eats every day?

7. If I take vitamin pills daily, does it matter what I eat?
8. Can vitamins and minerals be cooked out of foods?
9. Are there special health foods people should eat?
10. What is being done to improve nutrition throughout the world?

C. Student charts and checklists.

1. Individual and group behavior
2. Study and work habits
3. How do I work?

Do my own job?	Yes	No
Finish each job?	Yes	No
Follow directions?	Yes	No
Listen attentively?	Yes	No
Return materials?	Yes	No
Clean up properly?	Yes	No

4. How often do you do each item listed below? Always?

Usually? Sometimes? Never?

I stick to the job until it is finished.

I take part in many different activities.

I work with everyone in the class.

I am eager to try out new ideas and to work on new problems.

I share materials with others.

I help set up plans and directions and follow them.

I work happily without grumbling or losing my temper.

I give in if my ideas conflict with the best interests of the group.

I consider the rights of others.

I am courteous and use good manners.

D. Questionnaires, inventories.

1. Attitudes
2. Interests
3. Evaluate the unit — (No names!)

What did you like about it?

What did you dislike about it?

What suggestions can you make for making succeeding units better?

E. Teacher-made tests (only one of many effective evaluative techniques and devices).

1. Informal objective tests
2. Essay
3. Problem-solving

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UNIT III

SYSTEMS OF THE BODY

Knowledge of the organs of the body, their special functions, and the care required to keep all of the intricate structures working together, provide the child with a basis for making decisions as to his responsibility for his own welfare.

Along with many of the units in this publication, concomitant learnings regarding the consequences of overtaxing the body processes or of omission of certain practices may be mentioned. It is not always appropriate to approach health education from a negative point of view; however, the possibility of disease or of other handicaps should not be entirely ignored. Since textbooks and supplementary materials are quite adequate for the intended grade levels, no attempt has been made to go into great detail regarding the interrelationship of the various cell structures.

Because attitudes toward the maintenance of health are more important than memorization of facts, it seems vital that problem-solving should have a special place in health education.

I. OBJECTIVES OF THE UNIT

- A. To learn that body structures have built-in devices for protection from germs and excessive forces
- B. To know that optimum health is an individual responsibility
- C. To learn that maintaining health is not a complicated task and that it requires adherence to a few simple rules
 - 1. Get adequate rest and relaxation.
 - 2. Maintain good circulation and respiration by proper exercise.
 - 3. Eat nourishing food.
 - 4. Avoid using food or drink that have harmful effects.

5. Develop good muscle tone by exercise.
6. Avoid accidents.
7. Get regular medical and dental checkups.

II. UNIT CONTENT

A. Nervous System

1. Brain is central exchange; memorizes, reasons, creates ideas.
2. Spinal cord
3. Nerves are carriers of messages.

B. Circulatory System

1. Heart pumps blood through body.
 - a. Four chambers
 - b. Valves
2. Arteries carry blood away from the heart.
3. Veins carry blood to the heart.
4. Capillaries are tiny vessels between arteries and veins.
5. Blood
 - a. Carries food and oxygen to body cells.
 - b. Carries carbon dioxide and waste away from the cells.
 - c. Red blood cells are manufactured in the marrow of the bones.
 - d. White blood cells fight germs.
 - e. Platelets are essential in clotting.
 - f. Plasma, the liquid part of blood, contains digested food and antibodies that have been manufactured by the body for protection from certain diseases.

C. Respiratory System

1. Windpipe (trachea) divides into bronchi.
2. Lungs act as bellows; air rushes in when diaphragm is lowered.
3. Tiny capillaries surrounding the millions of air sacs exchange the carbon dioxide for life-giving oxygen.

D. Digestive System

1. Esophagus
2. Stomach is the muscular mixer of food with gastric juices.
3. Small intestine is about 20 feet long; the last step in digestion.
4. Villi absorb food into blood stream.
5. Large intestine is about 5 feet long; absorbs water from residue received from small intestine and sends it to the kidneys via the blood stream.

E. Excretory

1. Kidneys are filtration plants.
 - a. Remove waste products and water from the blood.
 - b. Maintain normal blood volume and content.
2. Skin
 - a. Perspiration regulates body temperature and eliminates some waste products.
3. Lungs
4. Large intestine
 - a. Carries waste material
 - b. Bacteria, mucus, dead cells

F. Skeletal System

1. Framework of the body

- a. Kinds and shapes of bones for special purposes
 - b. Joints of various kinds
- G. Muscular System
 - 1. Types of muscles
 - a. Voluntary
 - b. Involuntary
- H. Endocrine System
 - 1. Hormones
 - 2. Glands
- I. Reproductive

III. SUGGESTED ACTIVITIES

- A. Sit quietly; try to quit thinking. Is this possible?
- B. Demonstrate messages of the five senses being received by the brain—color, sound, odors, flavors, softness.
- C. One or two pupils exercise in order to accelerate heart action and respiration. Feel pulse and count breaths; compare with others who have been sitting quietly.
- D. Examine drop of blood under microscope.
- E. Exhale thoroughly; then inhale. Repeat. Measure chest at lowest and at highest capacity. Compare expansions.
- F. Examine spineless animals, such as the jellyfish. Look at pictures or models of animals with spines.
- G. Move different kinds of joints. Compare them with the hinge, ball and socket, and pivot-joint (elbow and wrist).

FILMS

EXPLORING YOUR GROWTH
11 min. SDH

GROWING UP 11 min. SDH UN

HEALTHY LUNGS 10 min.
 SDH UN
HEART AND HOW IT WORKS,
THE 11 min. SDH
HOW OUR BODIES FIGHT
DISEASE 8 min. SDH UN
HUMAN MACHINE, THE 14 min.
 SDH UN
LEARNING ABOUT OUR BODIES
 11 min. SDH UN

LEARNING ABOUT YOUR NOSE
 11 min. UN
HUMAN SKIN 12 min. SDH UN
PLEASE ON LIFE 20 min. SDH
OUR FEET 12 min. SDH
SPINAL COLUMN 11 min. SDH UN
WHITE BLOOD CELLS 10 min. SDH
WONDER ENGINE OF THE BODY
 (heart) 10 min. SDH
YOUR PROTECTION AGAINST
DISEASE 8 min. SDH

The following films for grades six through twelve are appropriate for this unit. They may be obtained from the State Department of Health and from the University of Nebraska:

HB: CIRCULATORY SYSTEM
 15 min.
HB: DIGESTIVE SYSTEM
 14 min.
HB: EXCRETORY SYSTEM
 13 min.

HB: NERVOUS SYSTEM 14 min.
HB: REPRODUCTIVE SYSTEM
 13 min.*
HB: RESPIRATORY SYSTEM
 13 min.

* Recommended for separated groups

UNIT IV

PHYSICAL FITNESS

It has been said that ninety per cent of the youth have too much of a tendency to sit and look at the other ten per cent, who are the breakers of records. Perhaps we as educators should take another look and decide to do something about the group comprising so large a majority of our population.

A physical fitness program will include the teaching of fundamentals, the whys and the wherefores of carrying out accepted health practices. The teacher's responsibility lies in getting the children to want to do the health chores they ought to do.

Running games and others which bring about deep breathing and accelerated heart action also promote appetite and improved nutrition. As trunk muscles increase in strength, the vital organs are given greater support. Development of arm, leg, and back muscles aids in maintaining good posture, which in turn allows room for the lungs, heart, and stomach to perform their work with less restriction.

Encouragement to practice specific skills, such as throwing, catching, or kicking a ball, is due those who are less proficient. Development of speed and dexterity also contribute to personality growth and popularity.

PHYSICAL FITNESS — TEN BASIC EXERCISES

1. Grasp bar with palms facing forward, arms and legs fully extended, feet free of floor. Pull body up until chin is over the bar.

Lower until arms are straight. There must be no snap movement, moving of legs or swinging of body.

2. Bend knees and place hands on floor in front of feet.

Thrust the legs back far enough so that the body is perfectly straight from shoulders to feet (pushup position). Return to squat position. Continue the exercise.

3. Stand erect; raise elbows to shoulder height, fists clenched, palms down in front of chest.

Thrust elbows backward vigorously and return.

Keep elbows at shoulder height and head erect.

4. Extend arms and place hands on floor, just under and slightly outside of the shoulders. Extend body so that it is perfectly straight. Keep fingers pointing forward and support weight on the hands and toes.

Keeping body tense and straight, bend elbows and touch chest to the floor.

Return to original position. Do not raise buttocks or allow abdomen to sag.

5. One pupil lies on back, partner astride him face to face. Partners grasp hands, fingers interlocked, reclining pupil's arms fully extended. Pupil on floor pulls up until chest touches partner's thighs, keeping body straight. Pupil returns to starting position. Continue exercise.
6. Stretch left leg backward, while bending trunk forward and extending arms sideward until this position is reached. The head is up, trunk parallel to floor; the left leg is fully extended with the toes of the left foot pointed. The supporting leg is kept straight. Hold position, then return to starting position and reverse legs.

7. Two pupils sit facing each other, legs apart and extended so that the soles of their feet are in contact. Pupils grasp hands with fingers interlocked.

One pupil attempts to bring his own trunk as close to the floor as possible. Other pupil aids by pulling partner forward. Exercise continues by partners reversing action.

8. Squatting position, hands on floor, fingers pointed forward, left leg fully extended to the rear.

Reverse position of feet rapidly.

9. Twist and bend trunk, bringing right hand to left toe, keeping arms and legs straight. Reverse and continue rapidly.
10. Lie on back, arms extended sideward, palms on floor, and legs raised to a vertical position.

Keeping both feet together swing legs slowly to the left until almost touching the floor. Keep arms, shoulders, and head in contact with floor. Repeat to the right and continue.

FILMS

The films listed for this unit will bring out the fact that physical fitness means much more than development of muscles. Mental and social fitness are highly important as well.

ACT YOUR AGE 15 min. SDH
UN

ELEMENTARY STUDY . . .
ACTIVITIES 18 min. SDH

FITNESS SKILLS FOR CHILDREN: WALK BETTER
9 min. SDH

FUN THAT BUILDS GOOD HEALTH 10 min. SDH

MISS T 12 min. SDH

POSTURE AND EXERCISE 12 min.
SDH

POSTURE HABITS 10 min. SDH
UN

REST AND HEALTH 10 min. SDH
SKIPPER LEARNS A LESSON

10 min. SDH

WHY VANDALISM? SDH UN

BOOKS

Youth Fitness Test Manual, AAHPER, 1201 Sixteenth Street. N. W., Washington, D. C. 20063 65c

Youth Physical Fitness: Suggested Elements of the School-Centered Program, Parts I and II, U. S. Printing Office, Washington, D. C. 20063 40c

UNIT V

MENTAL HEALTH

Overview

Good mental health, like physical health, is something we all want and need. Mental health is dependent upon many factors: physical constitution, psychological functioning, and environmental conditions. Mental health is seen as the vigor, stamina, or persistence that sees a person through each day, confronting his problems and working at their solution until a satisfactory way of handling them is found. Thus, it is more the process, than the actual solution, which denotes mental health. A person's emotional and mental growth does not stop at a certain age, and it does not proceed at the same rate for all persons. Mental health can be maintained and promoted by:

1. Healthful physical, emotional and social environment
2. Reasonable success in ventures
3. Acceptance of failures
4. Recognition of cultural differences
5. Respect and affection from family and friends
6. Recognition and consideration of others
7. Establishment of reasonable goals.

I. OBJECTIVES OF THE UNIT

- A. To provide information on the nature of mental illness
- B. To understand the need for recognition and treatment of the mentally ill
- C. To provide guidelines for the development and maintenance of mental health

II. UNIT CONTENT

A. Basic Principles

1. Mentally ill persons are human beings and they have basic rights.
2. Mentally ill persons need treatment and treatment should be sought as early as possible.
3. Good mental health can be promoted and practiced in everyday living.

B. Mental Illness

1. Definition (see p. 17)
2. Causes: physiological, psychological, and/or social
3. Characteristics
 - a. Dislike of self and others
 - b. Mistrust of others
 - c. Feelings of shame, doubt, and guilt
 - d. Lack of self-confidence, self-esteem
 - e. Feelings of inferiority
 - f. Inappropriate actions
 - g. Behavior not in keeping with age and maturational level
4. Treatment of mental illness, according to individual needs (see p. 18)

C. Mental Health

1. Definition (see p. 17)
2. Components
 - a. Social
 - b. Intellectual
 - c. Emotional
 - d. Physical
3. Characteristics
 - a. Feelings of accomplishment
 - b. Initiative
 - c. Confidence in what one is and can be
 - d. Independence

- e. Satisfaction
- f. Trust in self and others

- g. Acceptance of self and others
- h. Self-confidence
- i. Adapt to change

4. Individual variations

- a. Basic needs and emotions
- b. People vary in ability to handle problems.
- c. Individual behavior traits

III. SUGGESTED ACTIVITIES

- A. Students participate in class play depicting problems that arise in classroom and play situations.
- B. Individuals collect magazines and newspaper articles relating to mental health and give reports to class.
- C. Class members report on how mental illness treatment has evolved over the past fifty years.
- D. Resource persons may attend class and lecture to the class.
- E. Students portray mental health team and discuss, as panel members, how they can cooperate in helping the mentally ill.
- F. Class conducts poster contest for Mental Health Week. In general, room is decorated with appropriate signs and slogans for the occasion.
- G. Individuals give weekly reports on important doctors and scientists who have figured prominently in mental health.

FILMS *

* See the list of films for Mental Health unit in Lower Elementary section.

* * * * *

TEN COMMANDMENTS OF HUMAN RELATIONS

1. Speak to people—there is nothing as nice as a cheerful word of greeting.
2. Smile at people—it takes 72 muscles to frown, only 14 to smile.
3. Call people by name—the sweetest music to anyone's ears is the sound of her own name.
4. Be friendly and helpful—people will react in like manner.
5. Be cordial — it will open the channels of communication.
6. Be genuinely interested in people — you can find something to like about everybody if you try.
7. Be generous with praise — cautious with criticism.
8. Be considerate of feelings of others — it will be appreciated.
9. Be thoughtful of the opinion of others — there are three sides to a controversy; yours, the other fellow's, and the right one.
10. Be alert to give service — what counts most in life is what we do for others.

—The INTERNATIONAL ALTRUSAN, May 1966

(Used by permission)

UNIT VI

COMMUNITY HEALTH

I. OBJECTIVES OF THE UNIT

- A. To learn about health services that are now available
- B. To find out how the individual can help his community to have better conditions
- C. To study some of the health problems existing in the community, in Nebraska, and in the United States
- D. To become acquainted with officials who are working toward the betterment of the community environment
- E. To learn about government and volunteer agencies related to health
- F. To consider laws and regulations that protect the health of the public
- G. To recognize that optimum health is basic to all of our activities

II. UNIT CONTENT

- A. Services in community or on farm
 - 1. Safe water and sewage disposal
 - 2. Garbage disposal
 - 3. Safe playgrounds and recreation parks
 - 4. Fire protection
 - 5. Police and sheriff protection
 - 6. Government regulations
 - a. Milk supply
 - b. Food handling

- c. Inspection of utilities
- 7. Disease control
 - a. Sanitation
 - b. Immunization
 - c. Health education
 - 1. Government agencies
 - 2. Volunteer agencies

III. SUGGESTED ACTIVITIES

- A. Posters placed where they will do the most good.
- B. Visit places where children can see and hear about protective measures used to insure clean water supply, garbage disposal, and other environmental health matters. Discuss later.
- C. Make check list of conditions found on playgrounds or in recreation parks.
- D. A "cleanup" committee may offer their services to a community club as an incentive for widespread cooperation.
- E. Cooperate with PTA or other school-activities organization regarding maintenance of healthful school environment.
- F. Learn what the community is doing about regulations for food handlers and restaurants.
- G. Invite speakers to discuss various phases of public health — environment, immunizations.
- H. Make a survey of the class members regarding their immunizations and boosters. The school nurse may have such a record on file in the county superintendent's office.
- I. Discuss the kind of diseases that can be prevented.
- J. Talk about the difference between government services and voluntary services. What is the purpose of each?

- K. Discuss the difference between preventive medicine and the healing arts.
- L. On cards of a size convenient for placing near the home telephone, print in a vertical column: POLICE, FIRE DEPARTMENT, DOCTOR, HOSPITAL, NEAREST NEIGHBOR. Add the telephone numbers for all five, and street address of the last three named.

IV. EVALUATION

Teacher observation of quality of work and enthusiasm displayed by the class members

FILMS

COMMUNITY HEALTH IN ACTION 20 min. SDH	LIFE CYCLE OF THE MOSQUITO 11 min. UN
COMMUNITY HEALTH IS UP TO YOU 18 min. SDH	YOUR HEALTH AT SCHOOL 10 min. SDH UN
DAIRY INDUSTRY 11 min. UN	

UNIT VII

CONSERVATION OF HEALTH

Attitudes toward health practices are influenced by the advertising media. Although many people have developed psychological deafness during commercial television announcements, advertisers still find this method profitable. Students need to learn to distinguish between legitimate advertising and mercenary peddling. They need a background of information in order to help them to make sound decisions in buying products advertised as being healthful or as cures.

Such information can be applied to so-called health foods, vitamin preparations, and clothing.

This unit will also be concerned with allaying childhood fears of medical or surgical treatment.

I. OBJECTIVES OF THE UNIT

- A. To help the students to understand that the layman does not have the training to decide what medication is best for him
- B. To recognize the fact that the medical and dental professions do have the knowledge and facilities for treatment and that regular checkups for early diagnosis and treatment are of utmost importance (See Dental Health Unit.)
- C. To learn that there are specialists in each field who work with the general practitioner—medical or dental
- D. To develop the habit of reading labels and comparing the contents with products of known quality
- E. To note the differences in prices of various food items having like nutritional values (See Nutrition Unit.)

II. CONTENT

A. Medical personnel

1. General practitioner
2. Specialist (partial list)

- | | |
|------------------|---------------------|
| a. Cardiologist | e. Psychiatrist |
| b. Dermatologist | f. Urologist |
| c. Internist | g. Ophthalmologist |
| d. Pediatrician | h. Otolaryngologist |

B. Dental personnel

1. General practitioner
2. Specialist (partial list)

- | | |
|------------------------------------|--|
| a. Endodontist
(root canal) | d. Pedodontist
(children) |
| b. Oral surgeon | e. Periodontist (disor-
ders of gum tissue) |
| c. Orthodontist
(straightening) | |

C. General hospital under supervision of administrator

- | | |
|---------------------------------------|-----------------|
| 1. Intern | 7. Technician |
| 2. Resident physician | a. Laboratory |
| 3. Medical and dental staff | b. X-ray |
| 4. Nurse (graduate and
specialist) | 8. Orderly |
| 5. Nurses' aide | 9. Therapist |
| 6. Dietitian | a. Occupational |
| | b. Physical |

D. Specialized hospitals (one type of illness) — partial list

- | | |
|------------|-----------------|
| 1. Cancer | 3. Mental |
| 2. Chronic | 4. Tuberculosis |

III. SUGGESTED ACTIVITIES

- A. Discuss hospital procedures beginning with physician's orders, and proceeding through admittance, physical and laboratory examinations, and possible X-ray examinations.
- B. Ask children to talk about their hospital experiences. Emphasize good care, good food, sleeping, and medication.
- C. Ask a nurse to tell interesting stories of children who have been hospitalized and who have been returned to their homes well and strong; her own experiences while in training can be an interesting story.
- D. "Play" doctor, nurse, or other hospital-connected personnel bringing out pleasant and interesting experiences. The "admitting doctor" will ask questions concerning inoculations and history of family diseases as well as other pertinent matters.
- E. Encourage children to have confidence in the family doctor and to tell him about anything that is bothering him when he plans to go to the hospital. Nurses will then be alerted to put his mind at ease.
- F. Discuss emergency hospitalization as a haven of safety and care.
- G. Talk about the differences between a private room and a ward.
- H. Activities in preparing children for possible hospitalization are limited only by the teacher's creative ability. Serving a tray of colorful food to a make-believe patient will long be remembered.
- I. Compare labels and advertising on various items; study the ingredients and compare values and claims.

IV. EVALUATION

Teacher observation of children's enthusiasm and inventiveness in carrying out the unit is a good criterion.

FILMS

LEASE ON LIFE 20 min. SDH (Films listed in Unit III are also
DON'T BE AFRAID 12 min. SDH appropriate.)
YOUR FRIEND, THE DOCTOR
10 min. SDH

UNIT VIII

SAFETY AND FIRST AID

Irresponsible behavior is a safety hazard—whether it takes place at home, at school, in a vehicle, or if one is a pedestrian. Before attempting to pursue the subject of safety education, it is necessary to find the needs of the pupils. By questions or by observation, the teacher may learn the kind and extent of knowledge which the child now has; what he believes; and how he behaves.

After promoting learning activities, the teacher is interested in finding out how much the child has improved. Changes in attitudes, skills and habits of safety are best noted by observation. Understandings may be measured by teacher-designed tests, class reports, and other forms of evaluation.

I. OBJECTIVES OF THE UNIT

- A. To make class members aware of common hazards about the school, home, and community
- B. To help pupils understand the difference between foolhardiness and courage
- C. To discourage the prevalent ideas of "take a chance" and "everything happens to the other fellow—not to me."
- D. To learn common first-aid emergency treatment for abrasions, lacerations, and other wounds
- E. To learn what to do for a victim when no adult is present
 - 1. Artificial respiration
 - 2. Control of bleeding
 - 3. Aid for poisoning
 - 4. Prevention of shock

5. First aid for burns, insect bites, or an object in eye or ear
- F. To know how to use a first-aid kit
- G. To know how to get help in an emergency from:
 1. Adult
 2. Doctor
 3. Fire department
 4. Police department
- H. To realize that sleep, rest and mental attitudes are important in reducing accidents

II. ACTIVITIES

- A. Practice each first-aid lesson.
- B. Discuss common hazards.
- C. Discuss newspaper stories of accidents.
- D. Ask children to tell how they averted an accident.

III. EVALUATION

- A. Observation
- B. Oral and written tests
- C. Quality of first-aid procedures as practiced at end of course

FILMS

CLOSED BOOK, A 26 min. SDH	IN CASE OF FIRE 20 min. SDH
CRIMES OF CARELESSNESS	LIVE AND LEARN 12 min. SDH
12 min. SDH	OUR SENSES: WHAT THEY DO
DOORWAY TO DEATH 20 min.	FOR US 11 min. SDH
SDH	PLAYGROUND SAFETY 12 min.
50,000 LIVES 14 min. SDH	SDH
(mouth-to-mouth resuscitation)	SAFE SWIMMING 16 min. SDH
FIRST AID ON THE SPOT	WHY TAKE CHANCES? 10 min.
11 min. SDH UN	SDH

PARTIAL LIST OF SOURCES— FILMS AND FILMSTRIPS

Association Films, Inc., 347 Madison Avenue, New York, New York 10017

Avis Films, Inc., P. O. Box 643, Burbank, California 91503

Churchill Films, Inc., 6671 Sunset Blvd., Los Angeles, California 90028

Churchill-Wexler Film Productions, 801 North Seward, Los Angeles, California 90038

Coronet Films, Coronet Building, 65 East South Water Street, Chicago, Illinois 60601

Curriculum Films, Inc., 101 East 40th Street, New York, New York 10016

Encyclopedia Britannica Films, Inc., 1150 Wilmette Avenue, Wilmette, Illinois 60091

Eyegate Filmstrips, Eyegate House Inc., 146-01 Archer Avenue, Jamaica, New York 11435

Film-Strip-of-the-Month Club, 355 Lexington Avenue, New York, New York 10017

Gateway Productions, Inc., 1859 Powell Street, San Francisco, California 94111

International Film Bureau, Inc., 332 South Michigan Avenue, Chicago, Illinois 60604

Jam Handy Organization, 2821 East Grand Blvd., Detroit, Michigan 48211

McGraw-Hill Text Film Dept., 330 West 42nd St., New York, New York 10036

Mental Health Film Board, Film Service, 267 West 25 Street, New York, New York 10001

Moody Institute of Science, Educational Film Division, 12000 E. Washington Blvd., Whittier, California 90606

National Film Board of Canada, Canada House, 680 Fifth Avenue, New York, New York 10019

National Health Council, 1790 Broadway, New York, New York 10019

Popular Science Publishing Co. (filmstrips), 330 West 42nd St., New York, New York 10036

Porta Films, Orchard Lake, Michigan 48033

Progressive Pictures, 6351 Thornhill Drive, Oakland, California 94611

Sid Davis Productions, 1418 North Highland Avenue, Hollywood, California 90028

Smart Family Foundation, 65 East South Water Street, Chicago, Illinois 60601

Society for Visual Education, 1345 West Diversey Parkway, Chicago, Illinois 60614

Sterling Movies, Central Booking Exchange, 100 West Monroe Street, Chicago, Illinois 60603

United World Films, 1445 Park Avenue, New York, New York 10029

University of California, Department of Visual Instruction, University Extension 2272, Union Street, Berkeley, California 94704

ADDRESSES OF AGENCIES WHERE FILMS FOR LOAN MAY BE OBTAINED

American Cancer Society, 4201 Dodge Street, Omaha, Nebraska 68131

American Heart Association, 4202 Harney Street, Omaha, Nebraska 68131

Modern Sound Pictures, 1410 Howard Street, Omaha, Nebraska 68102

Nebraska March of Dimes, 1620 M Street, Lincoln, Nebraska 68508

Nebraska Dental Association, 1220 Federal Securities Building, Lincoln, Nebraska 68508

Nebraska State Education Association, 605 South Fourteenth Street, Lincoln, Nebraska 68508

Nebraska Tuberculosis Association, 406 WOW Building, Omaha, Nebraska 68102

State Department of Health, Division of Health Education, P.O. Box 94757
—State Capitol, Lincoln, Nebraska 68509

University of Nebraska, Bureau of Audio-Visual Instruction, Extension Division, Lincoln, Nebraska 68508

Your local colleges maintain an audio-visual library. Special instructional films with speakers are available from the State Fire Marshall's Office, State Capitol, Lincoln, Nebraska. Through film programs, the Department of Health and Department of Education offer courses in Civil Defense; the University of Nebraska conducts off-campus courses through the Extension Division.

ADDRESSES YOU HAVE REQUESTED

American Automobile Association, 5011 Capital Avenue, Omaha, Nebraska 68132

American Dental Association, 222 E. Superior Street, Chicago, Illinois 60611

Nebraska Dental Association, 1220 Federal Building, Lincoln, Nebraska 68508

American Hearing Society, 919 Eighteenth Street, N. W., Washington, D. C. 20006

American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610

Nebraska State Medical Association, 1315 Sharp Building, Lincoln, Nebraska 68508

American National Red Cross, 4050 Lindell Avenue, St. Louis, Missouri 63108

Nebraska Red Cross Relations Office, 1701 "E" Street, Lincoln, Nebraska 68508

American Public Health Association, 1790 Broadway, New York, New York 10019

Nebraska Public Health Association, State Department of Health, State Capitol, Lincoln, Nebraska 68509

American Social Hygiene Association, 1790 Broadway, New York, New York 10019

Bicycle Institute of America, Inc., 122 East 42nd St., New York, New York 10017

Child Safety Council, 126 West Pearl Street, Jackson, Michigan 49201

Cystic Fibrosis Foundation, 521 Fifth Avenue, New York, New York 10017

Deafness Research Foundation, 366 Madison Avenue, New York, New York 10017

Elks International, 2750 Lakeview Avenue, Chicago, Illinois 60614

Food and Drug Administration, U. S. Department of Health, Education and Welfare, Washington, D. C. 20402

Health Information Foundation, 420 Lexington Avenue, New York, New York 10017

Kiwanis International, 101 East Erie Street, Chicago, Illinois 60611

Lions International, 209 Michigan Avenue, Chicago, Illinois 60601

Nebraska Lions, 3540 Prescott Avenue, Lincoln, Nebraska 68506

Multiple Sclerosis Society (National), 257 Park Avenue, South New York, New York 10010

Multiple Sclerosis Society, Room 317 Lincoln Center, Lincoln, Nebraska
68508

Muscular Dystrophy Association, 1790 Broadway, New York, New York
10019

Muscular Dystrophy Association, c/o Mrs. Marvin Traeger, Fairbury, Ne-
braska 68352

National Comm. Safety Education, 60 Batterymarch Street, Boston, Massa-
chusetts 02110

National Congress of Parents and Teachers, 700 South Rush Street, Chi-
cago, Illinois 60611

Nebraska PTA, Room 209, 720 South 22nd Street, Lincoln, Nebraska 68510

National Dairy Council, 111 North Canal Street, Chicago, Illinois 60606

National Education Association, 1201 Sixteenth Street, N. W., Washington,
D. C. 20036

Nebraska State Education Association, 605 South 14th Street, Lincoln,
Nebraska 68508

National Foundation (March of Dimes), 800 Second Avenue, New York,
New York 10017

Nebraska Foundation (March of Dimes), 1620 M Street, Lincoln, Ne-
braska 68508

National Tuberculosis Association, 1790 Broadway, New York, New York
10019

Nebraska Tuberculosis Association, 460 W. O. W. Building, Omaha, Ne-
braska 68102

Nebraska Council for Children & Youth, Box 4803, State Capitol, Lincoln,
Nebraska 68509

Nebraska Council on Alcohol Education, 1345 L Street, Lincoln, Nebraska
68508

Nebraska Psychiatric Institute, 602 So. 44th St., Omaha, Nebraska 68105

Nebraska Safety Patrol, Box 4637, State Capitol, Lincoln, Nebraska 68509
Nebraska Society for Crippled Children and Adults, 402 South 17th St.,
Omaha, Nebraska 68102
Nebraska State Chamber of Commerce, Box 1748, Lincoln, Nebraska 68508
Nebraska Wheat Commission, 606 Terminal Building, Lincoln, Nebraska
68508
Optimist International, 4494 Lindell Boulevard, St. Louis, Missouri 63108
Nebraska Optimist Club, Sheraton-Fontenelle, 1806 Douglas, Omaha, Ne-
braska 68102
Rotary International, 1600 Ridge Avenue, Evanston, Illinois 60201
Sertoma International, 3200 Broadway, Kansas City, Missouri 64111
Nebraska Sertoma, 2141 Sheridan Boulevard, Lincoln, Nebraska 68502
Services for Crippled Children, Box 94819, State Capitol, Lincoln, Ne-
braska 68509
Superintendents of Documents, U. S. Government Printing Office, Wash-
ington, D. C. 20025
U. S. Public Health Service, U. S. Department of Health, Education and
Welfare, Washington, D. C. 20402

A PARTIAL LIST OF PUBLISHERS

American Book Company, 300 Pike Street, Cincinnati, Ohio 45202
Arco Publishing Company, Inc., 480 Lexington Avenue, New York, New
York 10017
Doubleday and Company, Inc., 277 Park Avenue, New York, New York
10017
Duell, Sloan, Pearce, Inc., 1716 Locust Avenue, Des Moines, Iowa 50309

Ginn and Company, Statler Building, Boston, Massachusetts 02117

Harcourt, Brace, & World, Inc., 7555 Caldwell Avenue, Chicago, Illinois 60648

D. C. Heath & Company, 1815 Prairie Avenue, Chicago, Illinois 60616

Holt, Rinehart, & Winston, 383 Madison Avenue, New York, New York 10017

Houghton, Mifflin, 1900 Batavia Avenue, Geneva, Illinois 60134

Laidlaw Brothers, Inc., Thatcher & Madison, River Forest, Illinois 60305

J. B. Lippincott Company, East Washington Square, Philadelphia, Pennsylvania 19105

McGraw-Hill Book Company, Inc., 330 West 42nd Avenue, New York, New York 10036

Scott Foresman & Company, 1900 Lake Avenue, Glenview, Illinois 60025

PAMPHLETS

Public Affairs Committee, 22 East 38th Street, New York, New York 10016

Science Research Associates, Inc., 259 East Erie Street, Chicago, Illinois 60610

HEALTH EDUCATION TERMINOLOGY

CUMULATIVE SCHOOL HEALTH RECORD—A form used to note pertinent consecutive information about a student's health.

DENTAL EXAMINATION—The appraisal, performed by a dentist, of the condition of the oral structures to determine the dental health status of the individual.

DENTAL INSPECTION—The limited appraisal, performed by anyone with or without special dental preparation, of the oral structure to determine the presence or absence of obvious defects.

- HEALTH APPRAISAL**—The evaluation of the health status of the individual through the utilization of varied organized and systematic procedures such as medical and dental examinations, laboratory tests, health history, teacher observation, etc.
- HEALTH COUNSELING**—A method of interpreting to students or their parents the findings of health appraisals and encouraging and assisting them to take such action as needed to realize their fullest potential.
- HEALTH OBSERVATION**—The estimation of an individual's well-being by noting the nature of his appearance and behavior.
- HEALTH SCIENCE INSTRUCTION**—The organized teaching procedures directed toward developing understandings, attitudes, and practices relating to health and factors affecting health.
- HEALTHFUL SCHOOL ENVIRONMENT**—The physical, social, and emotional factors of the school setting which affect the health, comfort, and performance of an individual or a group.
- HEALTHFUL SCHOOL LIVING**—The utilization of a safe and wholesome environment, consideration of individual health, organizing the school day, and planning program procedures to influence favorably emotional, social and physical health.
- MEDICAL EXAMINATION**—The determination, by a physician, of an individual's health status.
- PRIVATE OR VOLUNTARY HEALTH AGENCY**—A nongovernmental group organized to protect or improve the health of individuals and groups.
- PROFESSIONAL HEALTH AGENCY**—A group with established standards of membership, composed of persons specially prepared in some health disciplines and organized for the purpose of upgrading the quality of their services and improving their contribution to the public's health.

—Journal of the American Association for
Health, Physical Education and Recreation,
November, 1962